

**STATEMENTS OF MEMBER  
REMOVED FROM THE TEMPORARY DISABILITY RETIRED LIST**

For use of this form, see AR 601-210; the proponent agency is DCSPER.

DATE

I have been advised of my entitlement to be permanently retired/separated upon my removal from the Temporary Disability Retired List as provided for under Sections 1201/1203, Title 10, United States Code.

I hereby waive my present entitlement to disability retirement/separation compensation for the purpose of continuing on USAR duty despite my physical disability.

I understand that at the time of my ultimate retirement/separation, my disqualifying defect will be reevaluated under the physical standards in effect at the time of the determination of the disqualifying defect and under the standards in effect at the time of the evaluation. My separation retirement will proceed under standards which are most advantageous to me.

In voluntarily enlisting this date, I am aware that, dependent upon my retention qualifications and the requirements of the Service, it may be necessary to effect my retirement/separation prior to the completion of the period for which I have enlisted.

TYPED NAME, GRADE, AND SSN OF MEMBER

SIGNATURE